

COEUR D' ALENE TRIBE

Employment Application

First consideration for employment is given to those of Native American heritage; all others are given consideration in accordance with the Equal Employment Opportunity Act.

(Please type or print clearly)

Position Applying for:				
NAME:			Date:	
Last	First	MI		
Current Mailing Address:				
	Cit	у	State	Zip
Telephone:()	How did you hea	r of this opening	?	
Enrolled Tribal member (check box)	Yes □ No □	Tribe:		
Spouse/child of enrolled Tribal member	Yes □ No □	Tribe:		
(If you're enrolled in a federally recogn application to verify	ized tribe, attach a co y eligibility under the			on to this
Are you prevented from lawfully becoming	g employed in this co	ountry because of	Visa or Immigratio	n status?
Yes □ No □ (If you are hired by the T eligibility, and to present documents confir if you cannot comply with these requireme	rming your identity a	•	,	
Are you currently employed? Yes [□ No □			
May we contact your present and past emp	loyer(s)? Yes	s □ No □	3	
Date available for work:				
Are you able to travel if a job requires it?	Yes □ No			
Answer this question only after reviewing a physical or medical condition which wou	-			Oo you have No
If YES, what can be done to accommodate	your limitation?			

Conviction will not neces	sarily disqualify an a	pplicant from emplo	yment).		
yes, please explain:					
ducation					
Type of School (High School, College, Business, Trade or Other Type	Location	Dates Attended		es Taken jor/Minor	Diploma/Degree Received (Date)
onprofessional Licenses	s or Certificates, inc	cluding a valid Driv	ers Lice	nse (List belov	v)
Type of License	License Number	Expiration Date &			by (Licensing Board)
rofessional Licenses**					
Type of License	License Number	Expiration Date &	State	Granted b	by (Licensing Board)

^{**}Applicants applying for positions that require a Professional license must have a current Idaho license. Please attach a copy with your application.

	nm/yyyy)	Name & Address of Present/Last	Rate of Pay	Supervisor's	Reason For Leaving
From	To	Employer	Start Finish	Name and Title	
Phone:					
Current/Last	t Position title	e: Status (cir	cle one): full-time pa	art-time on-call oth	ner:
Describe in o	detail the wor	rk you performed:			
Dates (m		Name & Address of Employer	Rate of Pay	Supervisor's Name and Title	Reason For Leavin
From	То		Start Finish	Name and Title	
Phone:					
Position title	2 :	Status (ci	rcle one): full-time p	art-time on-call of	her:
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Describe in o	detail the wor	rk you performed:	•		
Describe in o	detail the wor	rk you performed:	-		
Describe in o	detail the wor	rk you performed:			
			Rate of Pay	Supervisor's	
Dates (m		Name & Address of Employer	Rate of Pay Start Finish	Supervisor's Name and Title	Reason For Leavin
Dates (m	ım/yyyy)				
Dates (m	ım/yyyy)				
Dates (m From	ım/yyyy)				
Dates (m From	m/yyyy) To	Name & Address of Employer	Start Finish	Name and Title	
Dates (m From	m/yyyy) To		Start Finish	Name and Title	
Dates (m From Phone:	m/yyyy) To	Name & Address of Employer	Start Finish	Name and Title	Reason For Leavin
Dates (m From Phone:	m/yyyy) To	Name & Address of Employer Status (circ	Start Finish	Name and Title	Reason For Leavin
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Dates (m From Phone: Position title Describe in o	m/yyyy) To e: detail the wor	Name & Address of Employer Status (circk you performed:	Start Finish cle one): full-time particle	Name and Title	Reason For Leavir
Dates (m From Phone: Position title Describe in o	m/yyyy) To e: detail the wor	Name & Address of Employer Status (circ	Start Finish cle one): full-time particle	Name and Title	Reason For Leavin
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Dates (m From Phone: Position title Describe in o	m/yyyy) To e: detail the wor	Name & Address of Employer Status (circle you performed:	Start Finish role one): full-time particle.	Name and Title	Reason For Leavin

1) _		
2) _	First & Last name	Telephone number
<i>-</i> / _	First & Last name	Telephone number
3) _	First & Last name	Telephone number
Autho	orization and General Release	
and un		syment are true and complete to the best of my knowledge, misrepresentations are discovered, my application may be rminated at any time.
connection and minder	ction with this application, all corporations, credit ag ilitary services to release information they may have my liability or responsibility from doing so. Further, gative consumer report and understand that such a re-	background and/or fingerprint check. I authorize, in encies, educational institutions, law enforcement agencies, about me to the Coeur d'Alene Tribe and release them if necessary, I authorize the procurement of an eport may contain information about my background, otice will also apply to any future update reports that may
employ achiev employ regard includ	yment activities from my former employer(s). This ement, performance, attendance, personal history, or yer(s) to release such information upon request of the less of any agreement I may have had with my former	disciplinary information. I authorize my former e duly authorized representative of the Coeur d'Alene Tribe er employer(s) to the contrary. I release any individual, that may result to me on account of compliance or any
emplo Tribe's	yment can be terminated, with or without cause, and	the Tribe's Policies and Procedures, and I agree that my with or without notice, at any time, at either my or the and conditions of my employment may be changed, with or ne Tribe.
require examin examin which	ed by the job), and mandatory drug test before starting nation or drug test at any time deemed appropriate by nations and tests, and I request that the examining do	examination (if required by the job), fingerprinting (if ag work. If employed, I also agree to submit to a medical by the Tribe and as permitted by law. I consent to such actor disclose to the Tribe the results of the examination, and my personnel file. I understand that my employment or Drug and Alcohol Policy.

Date

Applicant Signature

INTEROFFICE MEMORANDUM

TO:	EMPLOYEE / PROSPECTIVE EMPLOYEE
FROM:	HUMAN RESOURCES
SUBJECT	: DRUG TESTING
CC:	PERSONNEL FILE
	ar d'Alene Tribe Drug and Alcohol Free Workplace Policy, adopted by Council on November 21, 2000 (effective , 2001; Resolution38 (2001)):
	Drug and Alcohol Testing Procedures A. Pre-Employment Testing "All new employees are required to sign a medical release that allows for future drug and/or alcohol testing information to be released to the Tribe in case of on-the-job accidents or other similar circumstances."
	e Tribe has a policy against drug and alcohol abuse and reserves the right to screen its employees and applicants for ployment as an enforcement measure in providing a safe, healthy, and productive working environment.
blo	my signature below, I am freely and voluntarily agreeing and consenting to submit a personal specimen of urine and/or od for chemical analysis and testing to determine or rule out the presence of illegal, abused, or prohibited drugs/alcohol o stances in my body fluids.
and em	ereby authorize the Tribe's duly appointed collection facility and testing laboratory and their personnel to obtain, process less the specimen and to release and discuss results of the analysis and test to the Human Resources Director for ployment purposes (pre-employment, for-cause testing, random testing, on-the-job accident testing, etc.). Said ormation will be handled as confidentially as is reasonably possible, shared only on a "need to know" basis.
	nderstand a documented chain of custody exists to ensure the identity and integrity of my specimen throughout the lection and testing process.
this an wil	an applicant, I understand that if I have a positive test or refuse to submit to this drug/alcohol screening analysis and test will constitute voluntary withdrawal of my application for employment and no further consideration shall be given. As employee, I understand that if I have a positive test or refuse to submit to this drug/alcohol screening analysis and test, this constitute a violation of Tribal policy and I will be subject to disciplinary action up to and including termination of ployment.
cor cor d'A	consideration of my personal desire for a safe work environment, I hereby voluntarily give my consent for the Tribe to educt periodic inspections of Tribal property and premises for illicit drugs, drug paraphernalia and/or open alcohol trainers. Inspections will be conducted only when the Administrative Director or Human Resources Director of the Coeuralene Tribe has information which would cause a reasonable person to believe that illicit drugs, drug paraphernalia and/or en alcohol containers are on the premises.
Signature	Date

Coeur d'Alene Tribe's Vision, Mission, and Core Values (Five Pillars)

<u>Vision</u>: All people on the Coeur d'Alene Indian Reservation shall have a change to pursue their hopes and dreams as members, guardians and stewards in a culturally rooted, vibrant, safe, healthy and sustainable community.

<u>Mission</u>: The Coeur d'Alene Tribe shall exercise its inherent sovereignty, responsibility and self-governance practices by means of innovation and economic and environmental leadership, so that people, lands, and resources across the Reservation and Tribal aboriginal lands shall thrive and prosper.

<u>Core Values (Five Pillars)</u>: From a cultural perspective, it is essential for those employed by the Tribe to be aware of, understand, and uphold the beliefs and vision of the Coeur d'Alene Tribal Community. Since time immemorial, the Coeur d'Alene Tribe has been guided by its core values, articulated today in the Tribe's Five Pillars:

t'u'lschint (Membership): Capable, decent, moral, 'a good person', a good citizen in your family, tribal, local and world community. A responsible, accountable and informed citizen in all spheres of relationship. t'u'lschint can be translated as, 'capable, decent, moral, a good person.'

Snmiypnqwiln (Scholarship): Life-long, holistic learning with ideas rooted in tribal values, self-determination, self-government and sovereignty that produces deep knowledge to understand the world and meaningful application within the community.

'ats' qhnt' wesh (Stewardship): To care for all things with integrity, responsibility, accountability and social awareness in all spheres of life, human, animals, natural resources, and the cosmos, looking at each other from the heart.

hngwa' yqn; hnshat' qn (Guardianship): To protect our tribal ways of knowing and being through the protection, care and responsibility for our people, natural resources, culture, history, traditions, language and spirituality.

chsnpa's ilgwesn (Spirituality): Faith from which the Creator reveals the connection between all life. It unites the space between the past, present, and future through the peoples, environment, and land; and is rooted within the ceremonies from which the Tribe celebrates those connections.

Sign below stating you have read the above vis	ion, mission, and five pillars.	
Applicant Signature	Date	